



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PRESCRIPTION DRUG REPOSITORY PROGRAM

ABANDONED CONTROLLED SUBSTANCE DONOR RETURN OR DESTRUCTION RECORD

Controlled substances may not be accepted voluntarily by a repository site. If inadvertently received, an effort must be made to return them.

NAME OF REPOSITORY SITE	TELEPHONE NUMBER
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ADDRESS OF REPOSITORY SITE

CONTROLLED SUBSTANCE INFORMATION

DRUG NAME	STRENGTH	QUANTITY
MANUFACTURER OF NDC (IF AVAILABLE)	LOT NUMBER (IF AVAILABLE)	EXPIRATION DATE

DATE OF ABANDONMENT

CIRCUMSTANCES OF ABANDONMENT

EFFORTS MADE TO RETURN

DISPOSITION (CHECK ONE)
<input type="checkbox"/> RETURNED <input type="checkbox"/> DESTROYED

DONOR NAME

DONOR ADDRESS

DONOR REPRESENTATIVE NAME (IF APPLICABLE)

DONOR REPRESENTATIVE ADDRESS (IF APPLICABLE)
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SIGNATURE OF DONOR OR REPRESENTATIVE UPON RETURN
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SIGNATURE OF REPOSITORY SITE REPRESENTATIVE UPON RETURN	DATE OF RETURN
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SIGNATURE OF PERSON PERFORMING DESTRUCTION	DATE OF DESTRUCTION
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SIGNATURE OF WITNESS TO DESTRUCTION
